



INNOVATION PLAN APPROVAL SUMMARY Placer County

Total Requested for Innovation: \$1,541,300

Staff Recommend: APPROVAL

Review History

County Submitted Innovation Work Plan: August 2, 2010

MHSOAC Vote regarding Plan Approval: September 23, 2010

County Demographic Profile

Population: 348,552

- Latino: 12.4%
- API: 5.8%
- Native American: .9%
- African American: 1.8%
- Caucasians: 77%

Age

- 24% under age 18
- 15.7% age 65 or older

Innovative Community Collaboration Grants Program

Duration: three years and four months

Key Features of Innovation Program

- Develops and tests a model of collaboration and supports to small community organizations outside of the traditional framework of funded agencies
- Uses the leverage of a community grants program to engage, build capacity, and sustain mental health prevention and promotion efforts of natural networks such as families, friends, faith groups, and wide-ranging community groups that currently provide assistance to keep people well and out of deep-end services
- Reaches out to traditionally un/underserved populations in Placer County, specifically Latinos, Native Americans, older adults, and transition-aged youth
- Utilizes peer support and resilience-focused approaches.

Expected Contribution to Learning and Development of New/Improved Mental Health Approaches

Placer County expects to learn:

- How the new community collaboration model changes the "mental health business" of Placer County

- The most effective approaches for building and sustaining community capacity
- The impact of this approach on core mental health services, including the need for more intensive levels of mental health treatment
- Success in creating a cost-effective model to provide mental health support in ways that are sustainable and durable throughout erratic budget conditions
- The characteristics of communities that benefit most from a peer support and resilience-focused community capacity model.

Similar to other MHSA Innovation Programs: Calaveras County, Orange County, and Sonoma County

Example Reviewer Comments

- DMH expressed concern that “a peer mentor in the field of mental health is not innovative” and “there are no identified strategies to target population to be served other than to use peer mentors.” However, from the perspective of MHSAAC reviewers, what is new in this Innovation Program is not the peer mentors/supports, but the proposed change in the County Behavioral Health system’s relationship to currently unfunded and disparate community grass roots efforts. Learning about new approaches to peer support and resiliency in diverse communities is likely to be an auxiliary benefit to this Innovation Program.
- Reviewers requested and received clarification about involvement of Placer County’s Asian and Pacific Islander communities in planning for Innovation.
- DMH and MHSAAC reviewers requested and received clarification that learning from the Innovation Program will occur throughout its timeline, not just at its conclusion.
- Reviewers requested and received clarification about the primary purpose of this Innovation Program: promoting collaboration.
- “They [Placer County] want to understand the role of communities in supporting people dealing with mental health problems. Most programs being developed with MHSA funds are services, not supports. Through Innovation, Placer can demonstrate that putting funds into supports really makes a difference. They could shift funds from more expensive services to less expensive supports and keep people out of higher-end services and keep them well.”
- “This can help community members and peers identify their role by helping them see what they are actually doing and what a difference it makes.”